

Structured simulation program in a teaching Department: a mandatory tool

Programa de simulação: uma valiosa ferramenta para a idoneidade formativa

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Simulation training is a recognized educational tool in several fields of our specialty and it increasingly plays a major role in specialty training, as described in the EBCOG PACT (Project for Achieving Consensus in Training).

The EBCOG PACT training curriculum describes guidelines for postgraduate training in Obstetrics and Gynaecology. This project defines the goals and which should be the outcomes of training, both for the common Core Curriculum and within the Electives and Subspecialties scope, as well as the general competencies and soft skills to be exercised, the methods for obtaining gynaecological and obstetrical skills, and the bio-psychosocial and communication abilities. Harmonization of training will promote quality assurance of training and upgrade quality care across Europe. The core and electives have been elaborated including the use of precise consensus techniques and discussions within EBCOG and its subspecialty organizations. Further to the medical competencies, PACT similarly highlights the improvement of soft skills and the use of simulation training.^{1,2} The advantages concerning the use of simulation training have become even more significant at the time of COVID 19 pandemic. Simulation should be used for training, taking into account approved infection avoidance and control guidelines for COVID-19.³

However, the integration of properly structured simulation programs in postgraduate education has been slow and often blocked by barriers, mainly related to its financial aspects and time consumption.

The authors describe the structured simulation program developed and offered without costs to all trainees in the Department.

The first program included seventeen sessions between June, 2017 and March, 2019. There was a group coordinator and a simulation responsible. A variety of simulation models were used, in order to acquire skills in both Obstetrics and Gynaecology, which was done in turns. The mean duration of each session was of approximately four hours and they were provided by two invited tutors, who were consultants at the Department. In specific sessions, the tutors were invited from the Neonatology, General Surgery and Anesthesiology Departments.

Topics included principles of normal delivery, introduction to gynaecological endoscopy and navigation, basic life support and airway, ambidexterity and bimanual coordination, neonatal resuscitation, endoscopic suturing, video reports, ergonomics and team work in endoscopy, operative vaginal delivery (both forceps and vacuum extraction), breech vaginal delivery, postpartum hemorrhage and shoulder dystocia as well as obstetrical emergencies. All tutors attended a training the tutors session before the beginning of the program and a trimestral auditing of the results was conducted.

At the beginning of a simulation session, each trainee filled in a theoretical questionnaire on the topic, including single best answers, multiple choice questions and extended matching questions. The overall mean score on the diagnostic evaluation tests was 77.5% (50-91%). The session then proceeded with a theoretical presentation on the topic, introduction to the stations and ultimately hands-on simulation training. At the end of each session, a final evaluation questionnaire was filled in to assess tutors' performance, as well as quality and relevance of the topic presented. Regarding this questionnaire, the answers were rated in a scale from 1 (worst) to 10 (best). First question was how positive was the influence of these sessions in the training program and the mean score was 9.5; topic was relevant

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9.9 ; knowledge and performance of the selected tutors 9.9; quality of the practical station 9.8; and finally, level of global satisfaction scored 9.9.

Teaching departments must have simulation equipment. Nevertheless, in the absence of a properly structured program, its use can be scarce and unable to lead to the ultimate goal, which is a safe and even potentially fun environment to develop clinical and team skills during training in our specialty.

REFERENCES

1. EBCOG-PACT project plan; European Board & College of Obstetrics and Gynaecology, 2015
2. Van der Aa JE, Goverde AJ, Scheele F Improving the training

of the future gynaecologist: development of a European curriculum in Obstetrics and Gynaecology (EBCOG-PACT) ; Facts Views Vis Obgyn. 2018 Mar;10(1):1-2.

3. Erin Zimmerman, Nuno N. Martins, René H.M. Verheijen, Tahir Mahmood; EBCOG position statement – Simulation-based training for obstetrics and gynaecology during the COVID-19 pandemic; European Journal of Obstetrics & Gynecology and Reproductive Biology, December 08, 2020, p457-458

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RECEBIDO EM: 09/01/2021

ACEITE PARA PUBLICAÇÃO: 07/03/2021